

1 RAMON K. QUICHOCHO, ESQ. (F0243)
 2 LAW OFFICES OF RAMON K. QUICHOCHO, LLC
 3 2nd Floor, Sign Arts Building, San Jose
 4 P.O. Box 505621
 5 Saipan, MP 96950
 6 Tel. No.: 670.234.8946
 7 Fax: 670.234.8920
 8 Email: karissa129@gmail.com

9 MICHAEL W. DOTTS, ESQ. (F0150)
 10 O'CONNOR BERMAN DOTTS & BANES
 11 2nd Floor, Marianas Business Plaza
 12 P.O. Box 501969
 13 Saipan, MP 96950
 14 Tel. No.: 670.234.5684
 15 Fax: 670.234.5683
 16 Email: attorneys@saipan.com

17 WILLIAM M. FITZGERALD, ESQ.
 18 Law Office of William M. Fitzgerald
 19 P.O. Box 500909
 20 Saipan, MP 96950
 21 Telephone No. (670)234-7241
 22 Facsimile No. (670)234-7530

23 *Attorneys for Defendant Larry B. Hocog*

24 IN THE UNITED STATES DISTRICT COURT
 25 FOR THE
 26 NORTHERN MARIANA ISLANDS

27 UNITED STATES OF AMERICA,)	CRIMINAL CASE NO.: 08-00016-001
28 Plaintiff,)	
29 vs.)	DECLARATION OF LARRY BORJA
30 LARRY BORJA HOCOG,)	HOCOG IN SUPPORT OF MOTION IN
31 Defendant.)	LIMINE

32 Date: July 3, 2008
 33 Time: 1:30 a.m.
 34 Judge: Honorable Alex R. Munson

35 I, LARRY BORJA HOCOG, do hereby declare and state as follows:

- 36 1. I am over eighteen (18) years of age, legally competent to testify, and have personal
 37 knowledge of the matters set forth herein.
- 38 2. I am the Defendant in the above-referenced case.

1 3. On or about December 21, 2004, the Medical Profession Licensing Board granted me a
2 license to practice medicine, but it placed conditions.

3 4. On February 5, 2008, my former counsel and I executed the Special Terms and
4 Conditions of Medical License (the "License Terms and Conditions") that was prepared by former
5 Assistant Attorney General Dana Emery, pursuant to the Medical Professional Licensing Board's
6 decision to grant me a conditional license to practice medicine. A true and correct copy of the
7 License Terms and Conditions (part of Government's Exhibit 4) is attached as Exhibit A, and
8 incorporated herein by reference.

9 5. Condition 4 of the License Terms and Conditions says that "I shall not prescribe any U.S.
10 federally controlled substances to outpatients for twelve months following the date of issuance of my
11 license."

12 6. Condition 5 of the License Terms and Conditions says that "I agree to only prescribe U.S.
13 federally controlled substance through the course of my employment at the Commonwealth Health
14 Center (CHC) and only when those substances are part of specified course of treatment for an
15 admitted patient."

16 7. Furthermore, Condition 5 of the License Terms and Conditions says, "When I issue
17 prescriptions to 'in-patients', I agree that an identified supervising CHC physician will countersign
18 such prescriptions."

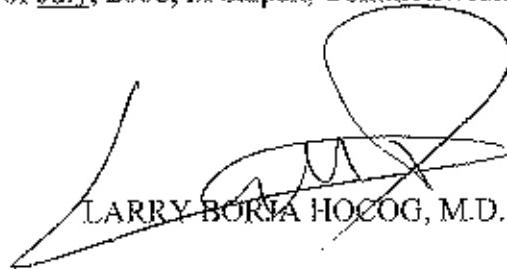
19 8. On or around February 27, 2006, however, the Medical Profession Licensing Board, by
20 and through counsel, informed me that the Medical Profession Licensing Board extended the
21 originally imposed conditions for an additional 12-month period to run concurrent with the term of
22 my license to practice medicine in the CNMI, which expired in December 2006. A true and correct
23
24
25
26
27
28

1 copy of the February 27, 2006 letter from the Medical Profession Licensing Board is attached as
2 Exhibit B, and incorporated herein by reference.

3 9. When I received my current license to practice medicine, I subsequently discovered that
4 the words "*****RESTRICTED LICENSE*****LICENSEE CAN ONLY PRESCRIBE
5 SCHEDULE IV AND V CONTROLLED SUBSTANCES" were type-written on my license. A true
6 and correct copy of the Medical License (Government's Exhibit 3) is attached as Exhibit C, and
7 incorporated herein by reference.

8 10. I was never given any notice of hearing or opportunity to be heard regarding any
9 extension of the restrictions on my license as originally imposed and which expired in December
10 2006.

11 14 I declare under penalty of perjury that the foregoing is true and correct and that this
12 Declaration was executed this 3rd day of July, 2008, in Saipan, Commonwealth of the Northern
13 Mariana Islands.



LARRY BORJA HOCOG, M.D.

EXHIBIT A

(“License Terms and Conditions”)

EXHIBIT B**SPECIAL TERMS AND CONDITIONS OF MEDICAL LICENSE
LARRY B. HOCOG, MD**

I, Dr. Larry B. Hocog, do agree to the following special terms and conditions associated with receiving a license to practice medicine in the Commonwealth of the Northern Marianas Islands:

1. I agree to submit to random drug and alcohol testing, the frequency to be determined by the Medical Professional Licensing Board;
2. I shall enroll and participate in ongoing addiction counseling and abide by all recommended treatment;
3. I shall enroll and participate in anger management counseling for a period specific by the Board;
4. I shall not prescribe any U.S. federally controlled substances to outpatients for twelve months following the date of issuance of my license;
5. I agree to only prescribe U.S. federally controlled substance through the course of my employment at the Commonwealth Health Center (CHC) and only when those substances are part of specified course of treatment for an admitted patient. When I issue prescriptions to "in-patients", I agree that an identified supervising CHC physician will countersign such prescriptions.
6. I agree to maintain complete and accurate medical records at all times. I agree that a representative of the Medical Professional Licensing Board may audit my records at any time.
7. I agree to ensure that the Medical Professional Licensing Board has complete and accurate information regarding my current employment. Such information shall include, at a minimum, the name of my employer, my employer's mailing address, physical location of place of business and telephone number. Should I change employers at any time, I am to ensure that I notify the MLB, at least sixty (60) days prior to commencing work at my new employer.
8. I shall complete 80 hours of community service required by the terms of the plea agreement entered in CNMI Superior Court Criminal Case N. 03-033R. I understand that although I may complete my community service at CHC, I may not receive any type of compensation for these 80 hours of service and these hours must be performed above and beyond my regular hours of work as a physician at CHC.

 Initials

 Counsel Initials

9. I shall successfully complete any remaining conditions of my plea agreement in Criminal Case N. 03-033R. Should I fail to abide by any of the conditions of the plea agreement my license to practice medicine will be subject to suspension or revocation.

10. I agree to abide by additional conditions as may be required by the Medical Professional Licensing Board during the term of my license.

I hereby agree to these Conditions.

2/2/05
Date


Larry B. Hocog

2/2/05
Date


Pete Atalig, Attorney at Law
Counsel to Larry B. Hocog

EXHIBIT B

(“February 27, 2006 Letter from Dana Emery”)



Commonwealth of the Northern
Mariana Islands

Medical Profession Licensing Board

February 27, 2006

Larry B. Hocog, MD
P.O. Box 1347
Rota, MP 96951

Dear Dr. Hocog:

This is to inform you that the Medical Profession Licensing Board (MPLB) has concluded its' review of your license to practice medicine. You were previously issued a license to practice medicine on December 21, 2004. As you are aware, that license was subject to special conditions. On February 24, 2005, you appeared before the Board in connection with this review and although you had no objection to the Board's extension of the exiting conditions, you requested that the Board modify the conditions with respect to your ability to prescribe certain classes of controlled substances.

The Medical Licensing Board has determined that the conditions originally imposed on December 21, 2004 shall be extended for an additional 12-month period to run concurrent with the term of your license to practice medicine in the CNMI, which is expires in December 2006. The Board will continue the existing limitation related to Schedule I, II and III controlled substances, however the Board has agreed to modify the conditions to permit you to prescribe Schedule IV and V controlled substances.

Should you have questions, you may contact me at 664-2336.

Sincerely,

Dana Emery
Assistant Attorney General

PL
Ex 7

CNMI Medical Profession Licensing Board
P.O. Box 501458
Saipan, MP 96950
Telephone: (670) 664-4811

EXHIBIT C

(“License to Practice Medicine”)

The Commonwealth of the Northern Mariana Islands
Medical Profession Licensing Board

This hereby certifies that

LARRY BORJA HOCOG

has satisfactorily completed with and complied with the statutory requirements set forth in
PLS. 30 of the CNMI to engage in the practice of

Medicine and Surgery

and is hereby authorized, empowered and granted the right to engage in that practice
within the Commonwealth of the Northern Mariana Islands subject to the Commonwealth law
and the rules and regulations of the Medical Profession Licensing Board.

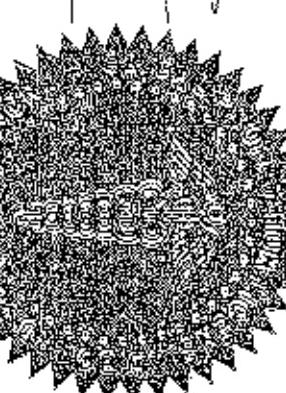
* * * * RESTRICTED LICENSE * * * *

LICENSEE CAN ONLY PRESCRIBE SCHEDULE IV AND V CONTROLLED SUBSTANCES.

GIVEN UNDER THE HAND AND SEAL OF THE CNMI

THIS 1ST DAY OF JANUARY 2007
No. 0023
EXPIRATION: DECEMBER 31, 2008

DAVID HARDT, O.D.
SECRETARY



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
Medical Profession Licensing Board

SAIPAN, MP 96950

P.O. BOX 1000

LARRY BORJA HOCOG

AS

Physician	0023	12/31/08
NAME	NUMBER	EXPIRES
David Hardt, O.D.		